



KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name: _____

Title: _____

Complete Address: _____

Phone Number: _____

Payee: *Individual authorized to accept payments.*

Name: _____

Title: _____

Mail Address: _____

Phone Number: _____

Administrative Contact: *Individual from Sponsored Program Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.)*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Principal Investigator: *Individual responsible for the technical completion of the proposed work.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____